

## TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL  
REPORT NO.☐ OH-2  
☐ OH-3

Lebanon Police

0 8 3 0 3 0 0

ODHS USE ONLY - DO NOT MARK ABOVE

LOCAL FILE NO

REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY	COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		DATE OF CRASH: DAY	TIME: MILITARY
CRASH OCCURRED ON		LEBANON		10/6/14	Mon 1140
IF NOT IN INTERSECTION		N W S E OF		CITY CODE	
558 W. Main		JACOBS TOWING		8321	
LOG-1	LOG-2	LOC	JUR	FM	FIL
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS
1	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
Lewis, Phillip		4661 SA350 Clarksville OH 45113			
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE
	3/26/67		M		OH
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS			
Caleb Lewis		4661 ST AT 350 Clarksville OH			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE
04	Chrys	25	25		OH
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE	
		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER				VEHICLE DISPOSITION	
				<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS
2	0	0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)			
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE
CIRCLE DAMAGE AREAS		DAMAGE SEVERITY		DAMAGE SCALE	
		<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	
9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER				VEHICLE DISPOSITION	
				<input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	
FIRE		<input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	POSITION
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	INJURIES
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	CONDITION
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTH DATE	AGE	RESTRAINTS
A	B	C	INJURED TAKEN TO By		ALCOHOL
D	E	F	INJURED TAKEN TO By		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED
A	B	C	OFFENSE CHARGED AND DESCRIPTION		EJECTION
A	B	C	OFFENSE CHARGED AND DESCRIPTION		DRUGS
RECEIVED CALL	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES
1142	1144	1148	1159		00off
DATE REPORT FILED	PHOTOS	OFFICER'S NAME	BADGE NO.	CHECKED BY	
10/6/14	NO	Morris	131		

14-17246

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION